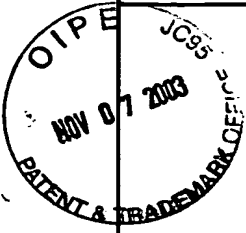


61

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) SCH-1705	
In re Application of PRIEWE, Jorg, et. al.			
Application Number 09/786,549		Filed March 7, 2001	
For COATED MEDICAL DEVICES AND IMPLANTS			
Group Art Unit 1615	Examiner WARE, Todd		



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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, June 4, 2003, rejecting the following claims: 1, 2, 4-14, 16-19.

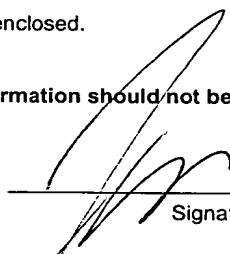
The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 13-3402. I have enclosed a duplicate copy of this sheet.
- ☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed.
- ☒ attorney or agent of record.
- ☐ attorney or agent acting under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a): _____



 Signature

James E. Ruland, Reg. No. 37,432

 Typed or printed name

November 4, 2003

 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

11/10/2003 JBALINAN 00000052 09786549

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Services as First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: November 4, 2003
 Name: Sharon McDaniel
 Signature: 